Professional Association of Healthcare Coding Specialists
Certified Coding Specialist Certification Examination and
Student Membership Application

PLEASE TYPE OR PRINT YOUR NAME AS YOU WOULD WANT IT TO APPEAR ON YOUR CERTIFICATE.

Name: _____

Name of Instution attending:_____

Contact Person at Instutuion _____ Phone _____

Home Address: _____ City/State/Zip:_____

Home Telephone: _____ Email Address _____

Exam Date _____ Exam Location _____

EXPERIENCE REQUIRED - You must currently be actively enrolled in a certificate coding program at a accredited community college or technical school and show verification or have just finished the program.

_____ YES I am currently enrolled in/have just completed a certificate coding program.

Graduation Date: _____

Student membership pricing is valid for the duration of your schooling and 1 year after graduation.

SIGNATURE:_____

DATE: _____

* NOTE: Exam must be taken within one year from date of application approval.
Payment Information: *(Make checks payable to PAHCS.)*

☐ Exam Fee - $ 100   ☐ **Annua**l Membership Dues - $65

☐   Discount for both: $150

☐   Basic Medical Coding Specialist Study Guide - $65

☐ Total package (Membersip, Exam & Study Guide) - $200   TOTAL AMOUNT $ _____

☐ I wish to take advantage of two monthly payments of $75.00 for membership and exam

☐ Check ☐ Visa ☐ M\asterCard   ☐ AmEx   ☐ Discover

Name on Card: _____

Address for Card: _____

Credit Card #_____Expiration Date _____ Four Digit Card Code: _____